

DATE RECEIVED (stamp here)	Requisition Worksheet	LAB APPROVAL (Signature)
		ORDER NO. (from Delpro System)

Requester		
NAME	LAB	CAN
BUILDING/ROOM	PHONE NO.	DATE NEEDED
-		
Source		
NAME OF COMPANY		PHONE NO.
ADDRESS		COMPANY CLERK'S NAME

Order Information								
Item No.	Back-order	CATALOG NUMBER	DESCRIPTION	QTY.	UNIT OF ISSUE	LIST PRICE	DISCOUNTED PRICE	TOTAL PRICE

ARE THE ITEMS ORDERED AVAILABLE FROM THESE SOURCES?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. NIH Surplus		3. Blind/Severely Handicapped		5. FEDERAL Supply Schedules	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. UNICOR		4. NIH or GSA Stock (catalog or store)		6. OPEN-MARKET Suppliers	

COMPANY NAME		PRICE	AVAILABILITY	DATE CALLED
If order is open market and exceeds \$1000, you must contact at least 3 sources of supply and list:				
1				
2				

JUSTIFICATION (Required for the use of large business or noncompetitive purchases)

BACKORDER INFORMATION

BPA/IDC/TCO SOURCE NO.	FSS CONTRACT NO.	SHIPPING DATE	CLEARANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Date ordered:	<input type="checkbox"/> Date sent to Central Procurement:	INSTITUTE PURCHASING AGENT	

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